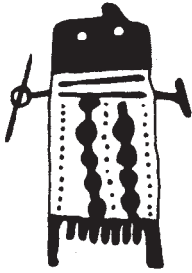


Cultural Resources Constraint Analysis



June 11, 2014

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Mr. Rob Kalkbrenner
Capital Projects Manager
Facilities Planning, Design & Construction
County of San Mateo
555 County Center - Fifth Floor
Redwood City, CA 94063

RE: Cultural Resources Review Services for Constraints Analysis
Cordilleras Community Treatment Facility, Edmonds Road,
Unincorporated Redwood City, San Mateo County

Dear Mr. Kalkbrenner,

Please let this letter stand as the *Cultural Resources Review* for the above project conducted as part of a "feasibility" or "constraints analysis." This letter report provides the results of a records search conducted by the California Historical Resources Information System, Northwest Information Center (CHRIS/NWIC), Sonoma State University, Rohnert Park; a limited literature review; and, Native American consultation in order to determine if historic properties are located in or adjacent to the proposed project. Mr. Ward Hill, a consulting architectural historian meeting the Standards of the Secretary of the Interior, completed a preliminary built environment review of the facility. An archaeological field review was not conducted since the property is almost totally developed with either buildings and/or introduced landscaping.

PROJECT LOCATION AND DESCRIPTION

The Cordilleras Community Treatment Facility is located at 200 Edmonds Road near Edgewood Road and east of Canada Road in unincorporated Redwood City, San Mateo County (United States Geological Survey (hereafter USGS) Woodside, CA 1997, T 5 South R 4 West, unsectioned) [Figs. 1-3]. The proposed project plans to demolish the existing building.

METHODOLOGY

An initial 1998 review of records and literature on file at BASIN completed for an adjacent project was negative (CHRIS/NWIC File No. 98-629 dated November 30, 1998 by Compas). An updated prehistoric and historic site record and literature search was commissioned for this constraints analysis (CHRIS/NWIC File No. 13-1661 dated May 19, 2014 by Price). In addition reference material from the Bancroft Library, University of California, Berkeley and Basin

Research Associates, San Leandro was also consulted.

Several specialized listings and their updates on the *Historic Properties Directory for San Mateo County* (CAL/OHP 2012a) were also reviewed including updates of the National Register of Historic Places, California Landmarks, and Points of Interest; *California History Plan* (CAL/OHP 1973); *California Inventory of Historic Resources* (CAL/OHP 1976); *Five Views: An Ethnic Sites Survey for California*, *Historic Properties Directory* (CAL/OHP 1988); *Historic Civil Engineering Landmarks of San Francisco and Northern California* (American Society of Civil Engineers [ASCE/SF] 1977); list of *Historic Civil Engineering Landmarks* (ASCE 2014); *Archaeological Determinations of Eligibility* (CAL/OHP 2012b); and, other local inventories and lists. Archival research by Mr. Hill included reviewing original building plans and other documents on file with San Mateo County Public Works; consulting the online archives of the *San Francisco Chronicle* and *The San Mateo Times*; and, reviewing the *Pacific Coast Architecture Database* online for biographical background on architects Douglas Stone and Louis Mulloy.

The Native American Heritage Commission was contacted for a review of the Sacred Lands Files (Busby 2014). Results were negative (Pilas-Treadway 2014). No other agencies, departments or local historical societies were formally contacted regarding landmarks, potential historic sites or structures.

Mr. Hill conducted a field survey of the Cordilleras Mental Health Center on May 22, 2014. During the field survey he interviewed Mr. Don Deluca, Stationary Engineer II, San Mateo County Department of Public Works, and Mr. Rob Kalkbrenner, Capital Projects Manager, San Mateo County Facilities Planning, regarding the building's design, construction and history.

FINDINGS

The intent of this *Cultural Resources Review* is to provide an constraints analysis of archaeological and historic properties within the project area which may be listed, determined or potentially eligible for inclusion on the California Register of Historical Resources (CRHR) and that could be affected by the proposed project.

Lead agencies must evaluate any listed or potential cultural resources in accordance with the criteria of the CRHR. The CRHR (Public Resources Code Section 5024.1) is a listing of properties that are to be protected from substantial adverse change, and it includes properties that are listed, or have been formally determined to be eligible for listing in the NRHP, State Historical Landmarks, and eligible Points of Historical Interest. A historical resource may be listed in the CRHR if it meets one or more of the following criteria:

- (1) It is associated with events that have made a significant contribution to the broad patterns of local or regional history, or cultural heritage of California or the United States;
- (2) It is associated with lives of persons important in our past;
- (3) It embodies distinctive characteristics of a type, period, or method of construction, or represents the work of a master or possesses high artistic values; or,
- (4) It has yielded or has the potential to yield information important in the prehistory

or history of the local area, California, or the nation.

A resource that is not listed in or determined to be eligible for listing in the CRHR, not included in local register or historic resources, or not deemed significant in a historical resource survey may nonetheless be historically significant. This provision is intended to give a Lead Agency discretion to determine that a resource of historic significance exists where none had been identified before and to apply the requirements of Public Resources Code Section 21084.1 to properties that have not previously been formally recognized as historic.

CHRIS/NWIC Records Searches

No prehistoric, Hispanic or American era historic archaeological sites have been recorded in, adjacent, within 0.25 miles of the project.

Two built-environment sites have been recorded within 0.25 miles of the project.

P-41-000161 (CA-SMA-161H), the "Hassler Health Home" (Cartier 1978/form)

P-41-001811, the Children's Building at 100 Edmonds Road (Miller 1997/form)

Two compliance reports on file at the CHRIS/NWIC include the project.

Archaeological Evaluation of the Hassler Health Home Property [P-41-000161 (CA-SMA-161H)] (Cartier 1978/S-3049).

Archaeological Field Inspection of the Cordilleras Community Treatment Facility Project, Redwood City, San Mateo County, California (Holman 1999/S-22168).

Other Sources

None of the known late 19th and/or early 20th century "Indian Mounds" have been reported or mapped in or adjacent to the project (Whitney 1873; Nelson 1909, ca. 1912).

No known ethnographic, traditional or contemporary Native American resources have been identified in or adjacent to the project (Kroeber 1925:465, Fig. 42; Brown 1973-1974; Levy 1978:485, Fig.1; Milliken 1983:139, Map 4).

No known expedition routes appear to have proceeded along Edgewood Road and/or the near vicinity of the proposed project (e.g., Richards 1973:frontspiece, 88; Milliken 1995:33, Map3; USNPS 1995).

No known historic era trails, roads, or dwellings or structures dating to the 19th or early 20th century were located in or adjacent the project. Note Whipple Road - present-day Edgewood Road - has been in existence since at least 1856 (Stevens 1856; Cloud 1877; Easton 1868; Neuman 1909).

No historic resources listed on the *Historic Properties Directory* or other lists/inventories of historic resources are located in or adjacent to the project or area adjacent (see References Cited and Consulted). The Children's Building, Hassler Health, 100 Edmonds Road, formally recorded as P-41-001811, is listed on the *Historic Properties Directory [HPD]* (CAL/OHP 2012a) as an "Individual property determined eligible for NR by a consensus through Section 106 process, Listed in the CR (code 2S2; CAL/OHP 2012a with 2003). This building is outside of the project

area.

Native American Consultation

The NAHC record search was negative for Native American resources in or adjacent to the project (Pilas-Treadway 2012).

Architectural Field Review, Observations and Evaluation (see Attachments, DPR 523 form)

The Cordilleras Community Treatment Facility previously known as the San Mateo County Tuberculosis Hospital is surrounded by steep tree-covered hills near Edgewood Drive in Redwood City. A 150,000 gallon water tank is located in the hills nearby providing water for the hospital. Various small trees and hedges are planted around the perimeter of the building and in the parking areas. Paved parking areas are north and south of the hospital.

The hospital is a three-story with basement reinforced concrete structure with a butterfly shaped plan. The building has side wings projecting north and south at obtuse angles from the main block. A tall stair tower projects up above the main roof at the point where the south wing intersects the main block. The side wings measure 121 by 46 feet. The main block is 106 by 70 feet. The unadorned exterior walls (no window moldings or roof cornices) are covered with plaster. The second and third floors have horizontal rows of metal frame casement windows. The windows on the south side of the main block have projecting concrete “brise soleil” shading the windows. The flat roof is covered with tar and gravel. The hospital entrance lobby (covered with red brick facing) projects from the intersection of the south wing with the main block. A wide overhanging shed roof projects above the main entrance. Large fixed pane windows flank the glazed entrance doors. A glazed auditorium was added to the west side of the central block in the 1970s.

Inside the hospital has about 77,000 square feet. The basement level includes utility rooms (electrical, heating), laundry room, storage, maintenance room and the original morgue/autopsy room. The central block and wings have center corridors providing access to the spaces on each side. In addition to the main lobby the first floor includes a dining room and kitchen, loading and storage areas (north and east) in the main block and offices, a library, class room, exam rooms, physical/occupational therapy rooms, and nurse’s rooms.

The north and south wings on the second floor have a central corridor with patient bedrooms on each side. The two wings meet at a “Day Room” and an elevator lobby in the middle. The second floor main block includes various medical rooms including storage, operating room, a waiting room, a dental room, and x-ray room. Two corridors provide access to the rooms.

The north and south wings on the third floor have a central corridor with patient bedrooms on each side. The two wings meet at a “Day Room” and an elevator lobby in the middle. The third floor main block also has patient bedrooms (four bed wards) and an outdoor roof deck for walking and lounging.

Historical Background

Construction of the hospital began in April, 1950 and the official dedication ceremony was

Sunday March 2, 1952. The original plans are dated November 1, 1949; the building took a year to build and cost \$1,583,000 (the 77,544 square foot building cost \$ 19.48 a square foot). The hospital's contractor was Palo Alto builder, Howard J. White, and the architects were Douglas Dacre Stone and Louis B. Mulloy. Charles E. Smith, Dean of the School of Public Health, University of California, was the principal speaker at the dedication (San Mateo County Times 2/27/1952). The building was open for public inspection after the ceremony. Six hundred people attended the ceremony. The hospital began admitting patients on March 4, 1952 (San Mateo County Times 3/3/1952). Harold Chope, San Mateo County Health Director, indicated at the opening that occupational therapy would play a large part in the treatment of patients. The private non-profit San Mateo County Tuberculosis and Health Association played an important role in encouraging the County to construct of the hospital.

San Mateo County had 282 tuberculosis cases during the years 1949-1951. Located on the site of the old Canyon Sanatorium, the new hospital had a capacity of 116 patients. The facility was designed to provide County tuberculosis patients with "complete medical care," including X-ray and surgical facilities. All service facilities were located in the center section of the hospital. The two wings on the east and west were primarily patient rooms. Described as the most "... modern in the state" (San Mateo County Times 2/13/1952), Dr. James Greenwell, San Mateo County Health and Welfare Department, managed the operation of the hospital. The County Tuberculosis Hospital ran a deficit its first year because of the higher than expected number of tuberculosis patients (they expected an average of 90 rather than the 105 they received). The County had undertaken a more aggressive screening program with 30,000 residents x-rayed by mobile units (San Mateo County Times 12/17/1952).

The Tuberculosis Hospital transitioned to a Mental Health facility - the Cordilleras Mental Health Center - in 1974, as a result of the success of various vaccine and drug therapies to treat tuberculosis. The Mental Health Center provided short and long term treatment and accommodations for mental health patients. An auditorium was built in the 1970s on the north side of the hospital for the patients living here. In 2001 a fire station and the Canyon Oaks Youth Crisis Center were built near the west side of the Mental Health Facility.

Architects Douglas Dacre Stone & Louis Mulloy¹

Architect Douglas Dacre Stone was born in Yokohama, Japan in 1898 while architect Louis Mulloy was born in California in 1910. Both Stone and Mulloy studied architecture at the University of California at Berkeley. Stone began working as an architect with the firm Hyman & Appleton in 1924. Stone and Louis Mulloy became partners as the firm Stone & Mulloy in 1928. The firm Stone & Mulloy continued in business until 1951, when they became known as Stone, Mulloy and Marracini, then later as Stone, Marracini and Patterson. Louis Mulloy died in 1963 and Douglas Stone died in 1971. Their firm specialized in hospital and medical building designs. They also designed several residences and fire stations. Most of their buildings were constructed in the late 1940s and the early 1950s, particularly on the San Francisco Peninsula, during the post-World War II construction boom. The firm designed the Bakersfield Memorial Hospital, Bakersfield; Children's Hospital of the East Bay; El Camino Hospital, Mountain View;

1. The following biographical information on Stone and Mulloy is from the Pacific Coast Architecture Database at digital.lib.washington.edu/architect/architects/562/ and [563/](http://digital.lib.washington.edu/architect/architects/563/).

Pacific Presbyterian Medical Center, San Francisco; Peninsula Blood Bank, Burlingame; Peninsula Hospital, Burlingame; Peralta Hospital, Oakland; Walter Reed Medical Center, Washington, D.C.; Sequoia Hospital, Redwood City; Sequoias Elderly Housing, San Francisco; Sharp Memorial Community Hospital, San Diego; Sutter Community Hospital, Sacramento; Letterman Army Medical Center, San Francisco Presidio; U.S. Public Health Hospital, San Francisco; and, the Valley Medical Center, San Jose.

CONCLUSIONS

This review suggests a very low sensitivity for prehistoric and/or historic era archaeological resources within the project.

The former San Mateo County Tuberculosis Hospital retains historic integrity from its original construction in 1949. The only major alteration is the addition of a relatively small auditorium at the center of the rear façade. The exterior is otherwise unaltered. The interior floor plan is also intact. It is recommended that a historic context on hospital design during the 1940s and 1950s - which changed radically during the post World War II years for a variety of reasons – should be prepared in order to evaluate the potential significance of the former San Mateo County Tuberculosis Hospital. The architectural team of Stone and Mulloy designed many major hospitals in the Bay Area in the Post World War II years and were known for their hospital designs, a specialized area of architectural practices with many features unique to it as a building type. The historic context would provide the necessary background to evaluate the architectural team and building with respect to CRHR criteria 1, 2 and 3.²

RECOMMENDATIONS

It is the considered opinion of Basin Research Associates, based on a review of pertinent records, maps and other documents that the proposed project can proceed as planned in regard to prehistoric and historic archaeological resources. No subsurface testing for buried archaeological resources appears necessary. Archaeological monitoring is also not recommended for either buried prehistoric or historic cultural resources. However, if any significant prehistoric³ or historic⁴ cultural resources cultural materials are exposed or

-
2. *National Register Bulletin 15* (<http://www.nps.gov/nr/publications/bulletins/nrb15/>) describes the methodology for using historic contexts in the evaluation of historic resources. According to *Bulletin 15*, the significance of a historic property can be judged and explained only when it is evaluated within its historic context. Historic contexts are those patterns or trends in history by which a specific occurrence, property, or site is understood and its meaning (and ultimately its significance) within history or prehistory is made clear. The core premise is that resources, properties, or happenings in history do not occur in a vacuum but rather are part of larger trends or patterns.
 3. Significant prehistoric cultural resources may include:
 - a. Human bone - either isolated or intact burials.
 - b. Habitation (occupation or ceremonial structures as interpreted from rock rings/features, distinct ground depressions, differences in compaction (e.g., house floors).
 - c. Artifacts including chipped stone objects such as projectile points and bifaces; groundstone artifacts such as manos, metates, mortars, pestles, grinding stones, pitted hammerstones; and, shell and bone artifacts including ornaments and beads.
 - d. Various features and samples including hearths (fire-cracked rock; baked and vitrified clay), artifact caches, faunal and shellfish remains (which permit dietary reconstruction),

discovered during site preparation or subsurface construction activities, operations should stop within 50 feet of the find and a qualified professional archaeologist contacted for evaluation and further recommendations. Potential recommendations could include evaluation, collection, recordation, analysis, and reporting of any significant cultural materials as well as the initiation of an archaeological monitoring component during further excavation.

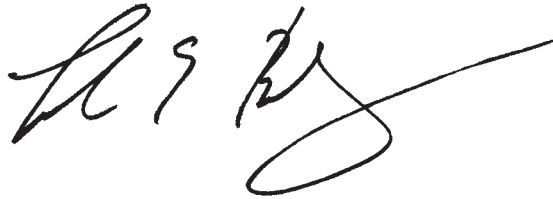
Treatment of any Native American burials exposed during construction should be in accordance with the State of California Public Resources Code in consultation with the Native American Heritage Commission.

An architectural historian should be retained to formally evaluate the building including the development of a suitable context. A revised and enhanced DPR 523 form should be completed.

CLOSING REMARKS

If I can provide any additional information or be of further service please don't hesitate to contact me.

BASIN RESEARCH ASSOCIATES, INC.



Colin I. Busby, Ph.D., RPA
Principal

CIB/dg
Enclosures

-
- e. distinctive changes in soil stratigraphy indicative of prehistoric activities.
Isolated artifacts
 - 4. Historic cultural materials may include finds from the late 19th through early 20th centuries. Objects and features associated with the Historic Period can include.
 - a. Structural remains or portions of foundations (bricks, cobbles/boulders, stacked field stone, postholes, etc.).
 - b. Trash pits, privies, wells and associated artifacts.
 - c. Isolated artifacts or isolated clusters of manufactured artifacts (e.g., glass bottles, metal cans, manufactured wood items, etc.).
 - d. Human remains.

In addition, cultural materials including both artifacts and structures that can be attributed to Hispanic, Asian and other ethnic or racial groups are potentially significant. Such features or clusters of artifacts and samples include remains of structures, trash pits, and privies

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 Basin Research Associates, San Leandro.

Abbreviations

n.d. no date
 v.d. various dates
 N.P. no publisher noted
 n.p. no place of publisher noted

Note: The abbreviated phrase "CHRIS/NWIC, Sonoma State University, Rohnert Park" is used
 for material on file at the California Historical Resources Information System, Northwest
 Information Center, Sonoma State University, Rohnert Park.

ATTACHMENTS

FIGURES

- | | |
|----------|---------------------------------------|
| FIGURE 1 | General Project Location |
| FIGURE 2 | Project Area (USGS Woodside, CA 1993) |
| FIGURE 3 | Aerial View of Project Area |

CORRESPONDENCE

- | | |
|--------|--|
| LETTER | Request to Native American Heritage Commission |
| LETTER | Native American Heritage Commission Response |

FORM

- | | |
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| FORM 1 | San Mateo County Tuberculosis Hospital, DPR 523 Primary Form |
|--------|--|

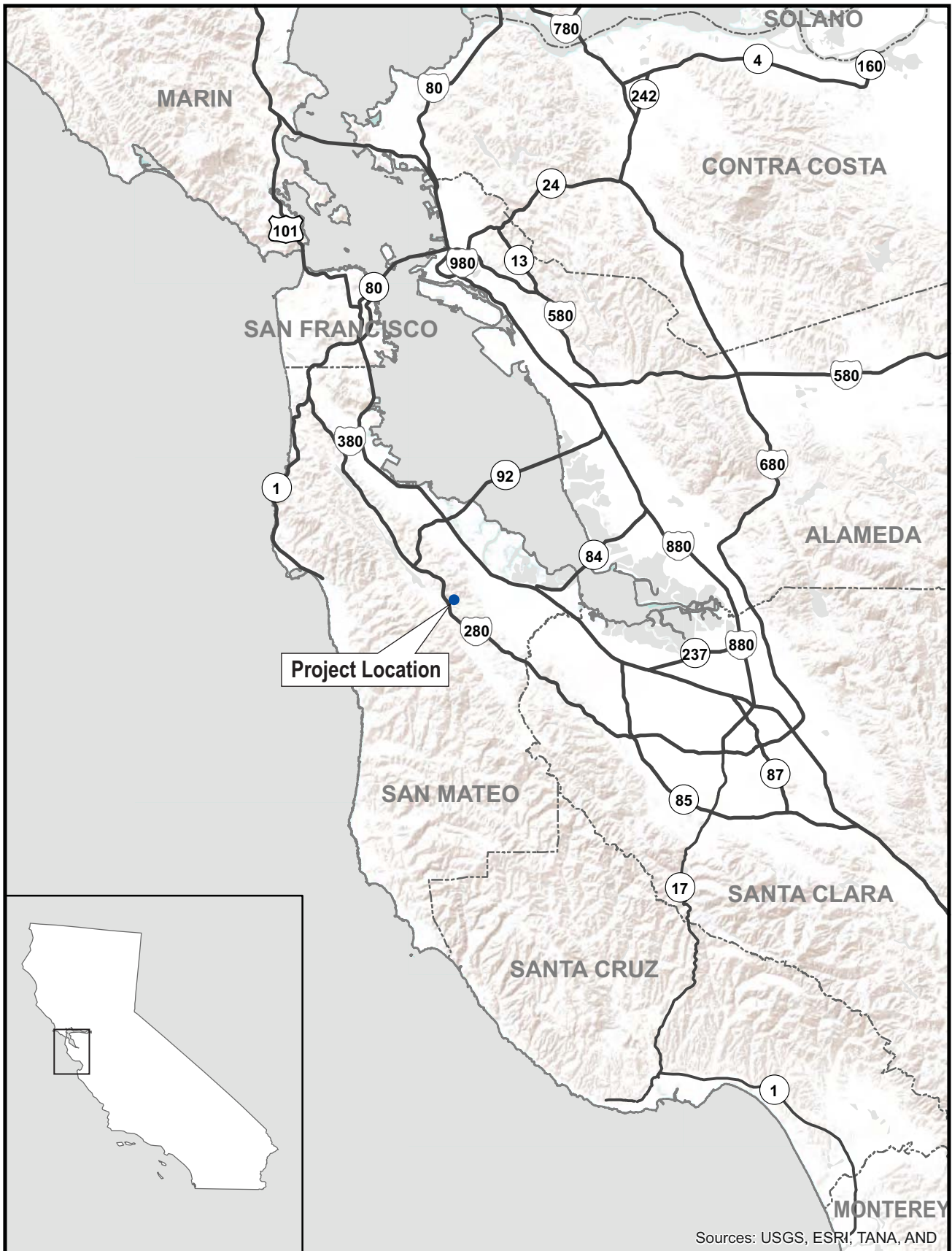


Figure 1: General Project Location

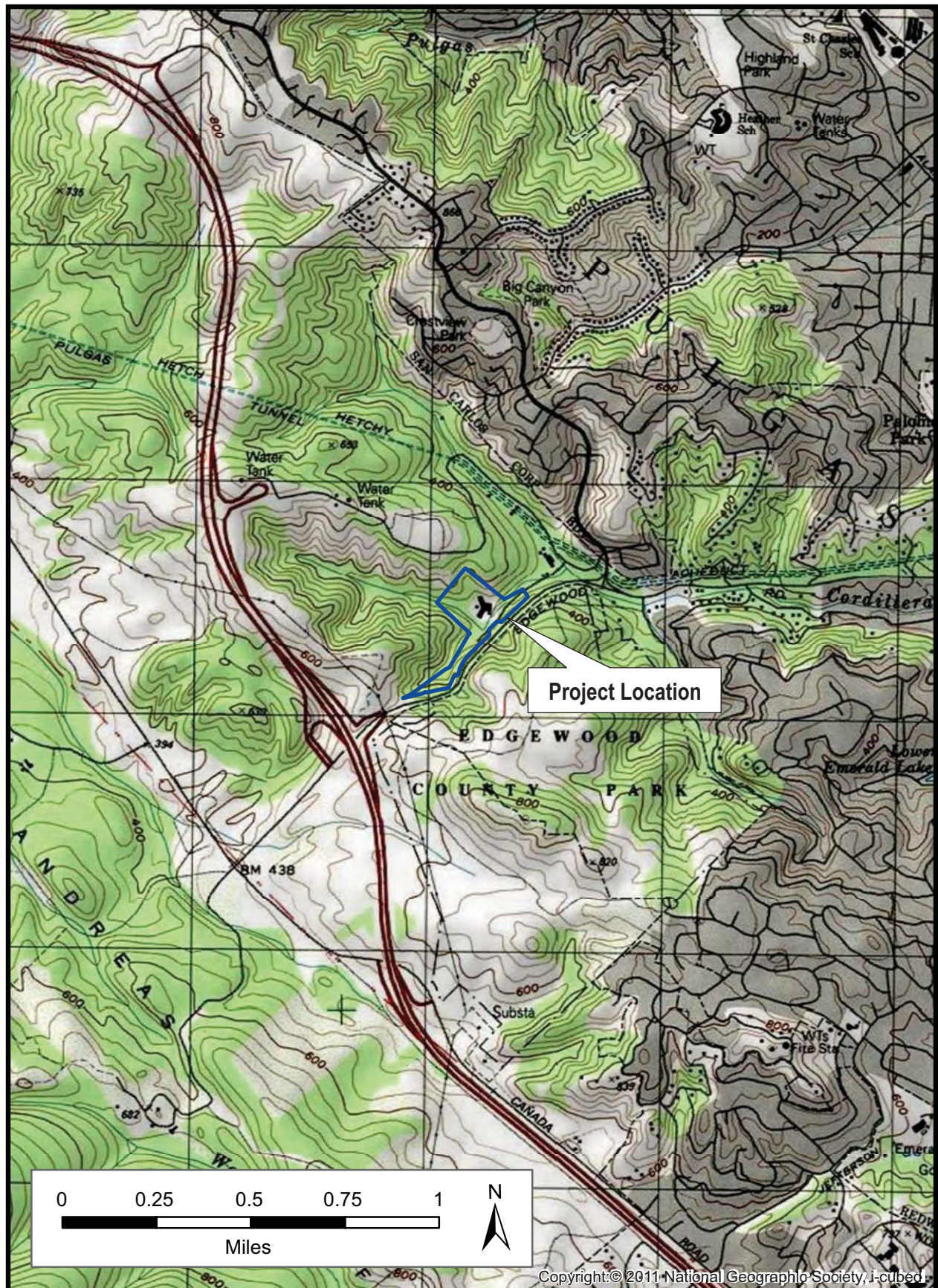


Figure 2: Project Area (USGS Woodside, CA 1997)

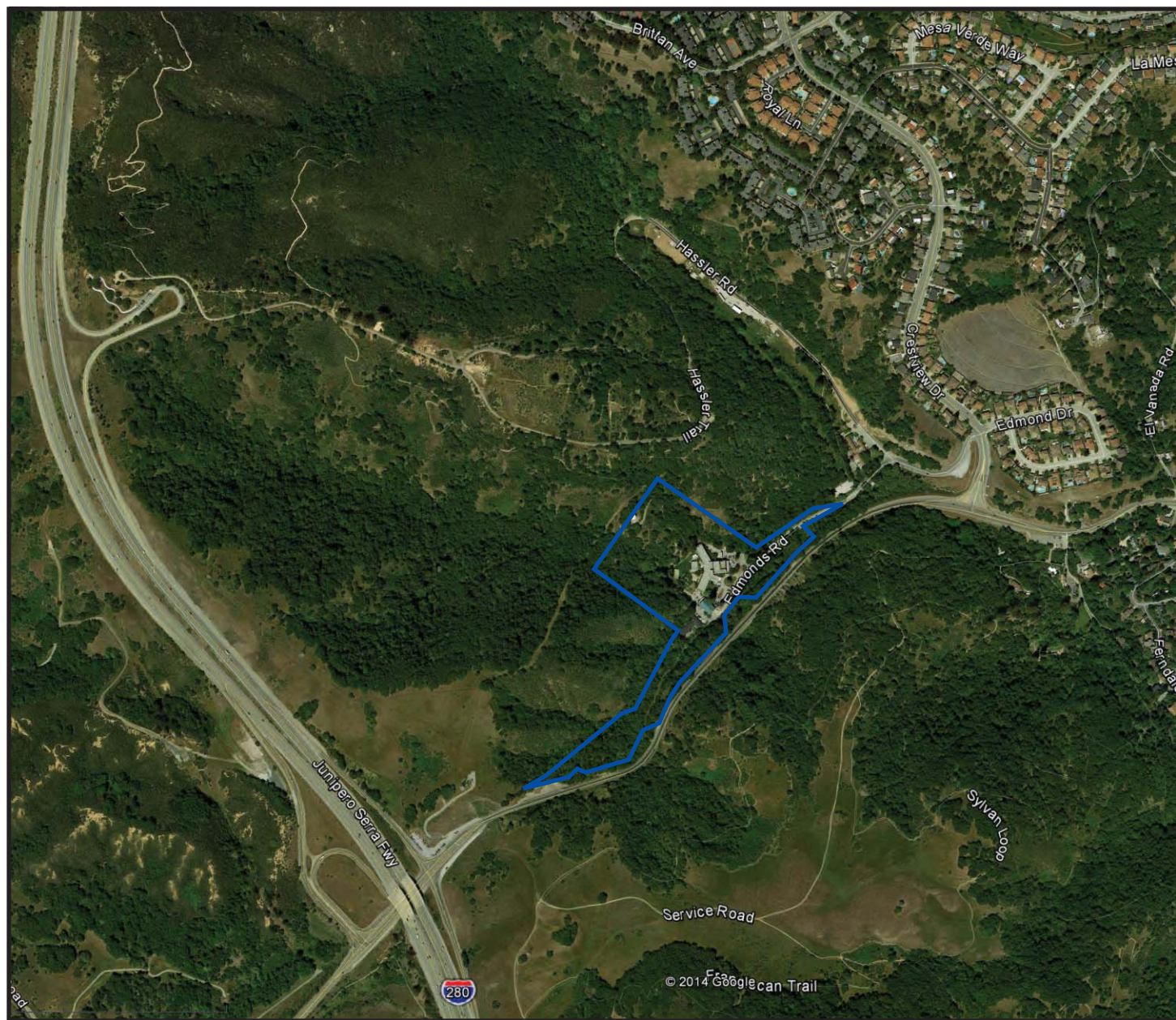


Figure 3: Aerial View of Project Area



May 2, 2014

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Ms. Cynthia Gomez
Executive Secretary
Native American Heritage Commission
1550 Harbor Boulevard
West Sacramento, CA 95691

RE: Request for Review of Sacred Lands Inventory –
Cordilleras Community Treatment Facility,
Edmonds Road, Unincorporated Redwood City, San Mateo County

Dear Ms. Gomez,

Please let this letter stand as our request for the Native American Heritage Commission (NAHC) to conduct a review of the NAHC *Sacred Lands Inventory* to determine if any listed properties are present within or adjacent to the above proposed project area (see enclosed USGS map).

The proposed project consists of a “feasibility” or “constraints” analysis of a building complex also known as the Cordilleras Center. This adult mental health facility is located at 200 Edmonds Road, just off of Edgewood Road.

Information from the NAHC *Sacred Lands Inventory* will be used to determine if significant archaeological resources under the California Environmental Quality Act (CEQA) may be affected by the proposed project.

If I can provide any further information, please don't hesitate to contact me (510 430-8441 or Basinres1@gmail.com). Thank you for your timely review of our request.

BASIN RESEARCH ASSOCIATES, INC.

Colin I. Busby, Ph.D., RPA
Principal

CIB/dg

BASIN RESEARCH ASSOCIATES

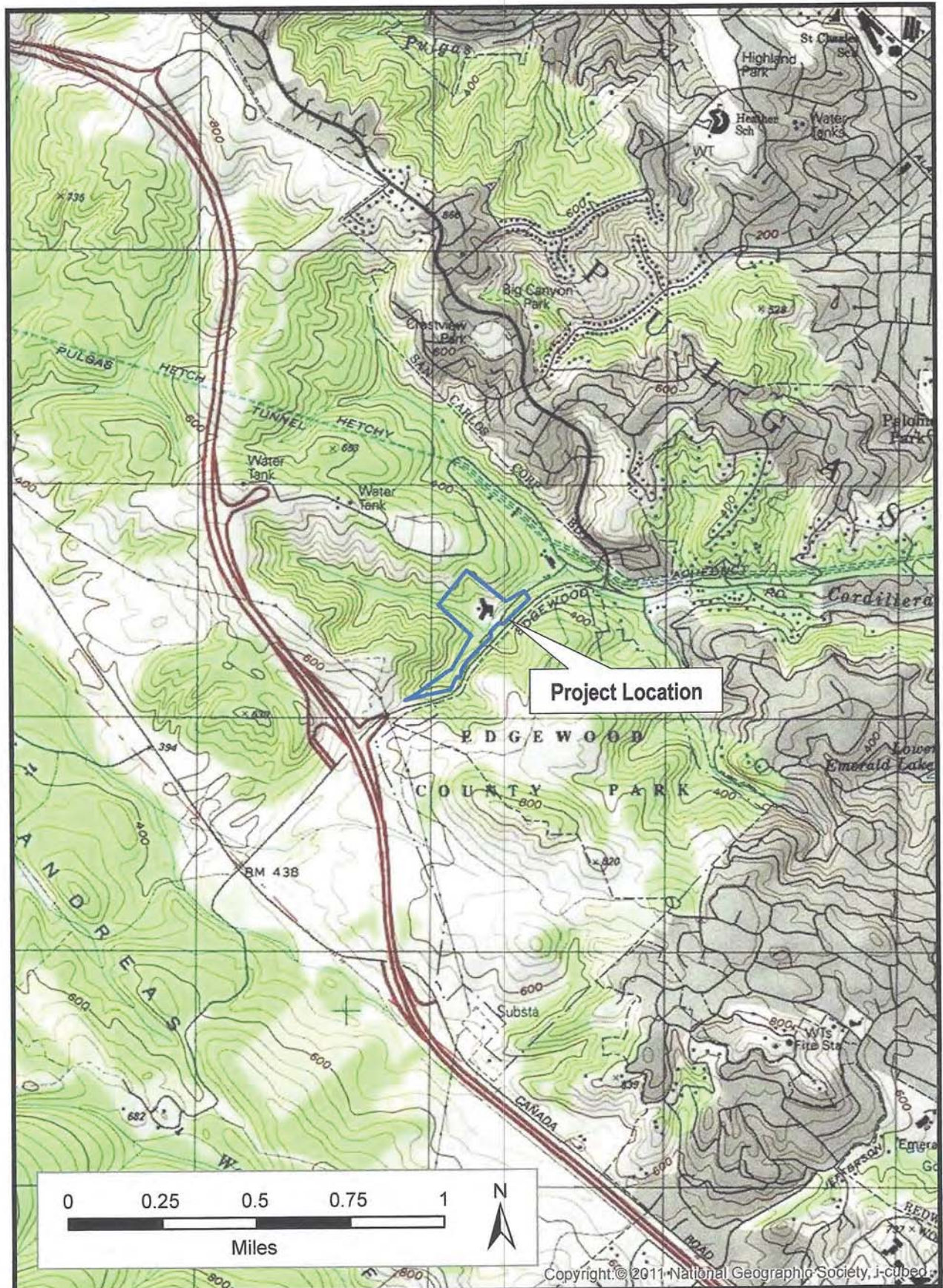


Figure 1: Project Area T5S R4W (USGS Woodside, CA 1997)

NATIVE AMERICAN HERITAGE COMMISSION

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(916) 373-3710
(916) 373-5471 - Fax



May 6, 2014

Colin Busby
Basin Research Associates
1933 Davis Street, Suite 210
San Leandro, CA 94577

VIA FAX: 510-530-8443
Number of Pages: 2

Re: Cordilleras Community Treatment Facility project, San Mateo County

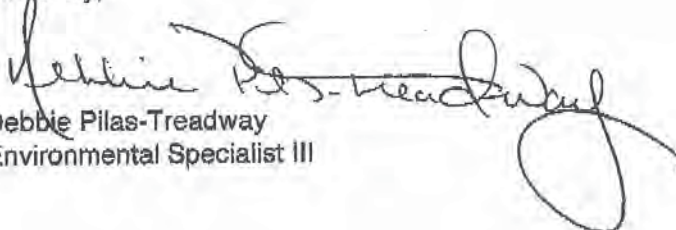
Dear Mr. Busby:

A record search of the sacred land file has failed to indicate the presence of Native American cultural resources in the immediate project area. The absence of specific site information in the sacred lands file does not indicate the absence of cultural resources in any project area. Other sources of cultural resources should also be contacted for information regarding known and recorded sites.

Enclosed is a list of Native Americans individuals/organizations who may have knowledge of cultural resources in the project area. The Commission makes no recommendation or preference of a single individual, or group over another. This list should provide a starting place in locating areas of potential adverse impact within the proposed project area. I suggest you contact all of those indicated, if they cannot supply information, they might recommend others with specific knowledge. By contacting all those listed, your organization will be better able to respond to claims of failure to consult with the appropriate tribe or group. If a response has not been received within two weeks of notification, the Commission requests that you follow-up with a telephone call to ensure that the project information has been received.

If you receive notification of change of addresses and phone numbers from any of these individuals or groups, please notify me. With your assistance we are able to assure that our lists contain current information. If you have any questions or need additional information, please contact me at (916) 373-3713.

Sincerely,


Debbie Pilas-Treadway
Environmental Specialist III

**Native American Contacts
San Mateo County
May 9, 2014**

Jakki Kehl
720 North 2nd Street
Patterson, CA 95363
(209) 892-1060

Ohlone/Costanoan

Indian Canyon Mutsun Band of Costanoan
Ann Marie Sayers, Chairperson
P.O. Box 28
Hollister, CA 95024
ams@indiancanyon.org
831-637-4238

Ohlone/Costanoan

Linda G. Yamane
1585 Mira Mar Ave
Seaside, CA 93955
rumsien123@yahoo.com
831-394-5915

Ohlone/Costanoan

Muwekma Ohlone Indian Tribe of the SF Bay Area
Rosemary Cambra, Chairperson
PO Box 360791
Milpitas, CA 95036
muwekma@muwekma.org
408-205-9714
510-581-5194

Ohlone / Costanoan

Amah Mutsun Tribal Band of Mission San Juan Bautista
Irene Zwierlein, Chairperson
789 Canada Road
Woodside, CA 94062
amahmutsuntribal@gmail.com

650-400-4806 cell

650-332-1526 - Fax

Ohlone/Costanoan

The Ohlone Indian Tribe
Andrew Galvan
PO Box 3152
Fremont, CA 94539
chochenyo@AOL.com
(510) 882-0527 - Cell
(510) 687-9393 - Fax

Ohlone/Costanoan
Bay Miwok
Plains Miwok
Patwin

Amah Mutsun Tribal Band of Mission San Juan Bautista
Michelle Zimmer
789 Canada Road
Woodside, CA 94062
amahmutsuntribal@gmail.com

(650) 851-7747 - Home

650-332-1526 - Fax

Ohlone/Costanoan

Trina Marine Ruano Family
Ramona Garibay, Representative
30940 Watkins Street
Union City, CA 94587
510-972-0645-home

Ohlone/Costanoan
Bay Miwok
Plains Miwok
Patwin

soaprootmo@comcast.net

Coastanoan Rumsen Carmel Tribe
Tony Cerda, Chairperson
240 E, 1st Street
Pomona, CA 91766
rumsen@aol.com
(909) 524-8041 Cell
909-629-6081

Ohlone/Costanoan

This list is current only as of the date of this document.

Distribution of this list does not relieve any person of statutory responsibility as defined in Section 7050.5 of the Health and Safety Code, Section 5097.94 of the Public Resource Section 5097.98 of the Public Resources Code

This list is only applicable for contacting local Native Americans with regard to cultural resources for the proposed Cordilleras Community Treatment Facility project, San Mateo County.

State of California – The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____
HRI # _____
Trinomial _____
NRHP Status Code _____

Other Listings _____
Review Code _____ Reviewer _____ Date _____

Page 1 of 7

Resource Name or #: San Mateo County Tuberculosis Hospital

P1. Other Identifier: Cordilleras Community Treatment Facility

P2. Location: ☐ Not for Publication ☒ Unrestricted

a. County San Mateo

b. USGS 7.5' Quad Woodside, CA Date 1997 T5S R4W; unsectioned; Mount Diablo B.M.

c. Address 200 Edmonds Road City Redwood City Zip 94062

d. UTM: Zone 10; ___ mE / ___ mN

e. Other Locational Data: Northeast of the intersection of I-280 and Edgewood Road

APN 050470050

P3a. Description

The San Mateo County Tuberculosis Hospital building is surrounded by steep tree-covered hills near Edgewood Drive in Redwood City. A 150,000 gallon water tank is located in the hills nearby providing water for the hospital. Various small trees and hedges are planted around the perimeter of the building and in the parking areas. Paved parking areas are north and south of the hospital.

The hospital is a three-story with basement reinforced concrete structure with a butterfly shaped plan. The building has side wings projecting north and south at obtuse angles from the main block. A tall stair tower projects up above the main roof at the point where the south wing intersects the main block. The side wings measure 121 by 46 feet. The main block is 106 by 70 feet. The unadorned exterior walls (no window moldings or roof cornices) are covered with plaster. The second and third floors have horizontal rows of metal frame casement windows. The windows on the south side of the main block have projecting concrete "brise soleil" shading the windows. The flat roof is covered with tar and gravel. The hospital entrance lobby (covered with red brick facing) projects from the intersection of the south wing with the main block. A wide overhanging shed roof projects above the main entrance. Large fixed pane windows flank the glazed entrance doors. A glazed auditorium was added to the west side of the central block in the 1970s. (see continuation sheet)

P3b. Resource Attributes: HP41 — Hospital

P4. Resources present: ☒ Building ☐ Structure ☐ Object ☐ Site ☐ District ☐ Element of District ☐ Other



P5b. Description of Photo: _____
Front façade from parking lot – view to the northwest

P6. Date Constructed/Age and Sources: _____
☒ Historic ☐ Prehistoric ☐ Both
1950-51

P7. Owner and Address

San Mateo County

P8. Recorded by:

Ward Hill, M.A.

Basin Research Associates, Inc.

1933 Davis Street, Suite 210

San Leandro, CA 94577

P9. Date Recorded May 2014

P10. Survey Type:

Intensive

P11. Report Citation: Cultural Resources Review Services for Constraints Analysis – Cordilleras Community Treatment Facility, Edmonds Road, Unincorporated Redwood City, San Mateo County

Attachments: ☐ NONE ☒ Location Map ☐ Sketch Map ☒ Continuation Sheet ☐ Building, Structure and Object Record
☐ Archaeological Record ☐ District Record ☐ Linear Feature Record ☐ Milling Station Record ☐ Rock Art Record ☐ Artifact Record
☐ Photograph Record ☐ Other (List) _____

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Resource Name or #: San Mateo County Tuberculosis Hospital

Recorded by Ward Hill

Date: June 2014

☒ Continuation ☐ Update

P3a. Continued

Inside the hospital has about 77,000 square feet. The basement level includes utility rooms (electrical, heating), laundry room, storage, maintenance room and the original morgue/autopsy room. The central block and wings have center corridors providing access to the spaces on each side. In addition to the main lobby the first floor includes a dining room and kitchen, loading and storage areas (north and east) in the main block and offices, a library, class room, exam rooms, physical/occupational therapy rooms, and nurse's rooms.

The north and south wings on the second floor have a central corridor with patient bedrooms on each side. The two wings meet at a "Day Room" and an elevator lobby in the middle. The second floor main block includes various medical rooms including storage, operating room, a waiting room, a dental room, and x-ray room. Two corridors provide access to the rooms.

The north and south wings on the third floor have a central corridor with patient bedrooms on each side. The two wings meet at a "Day Room" and an elevator lobby in the middle. The third floor main block also has patient bedrooms (four bed wards) and an outdoor roof deck for walking and lounging.

Historical background

Construction on the San Mateo County Tuberculosis Hospital began in April, 1950 and the official dedication ceremony was Sunday March 2, 1952. The original plans are dated November 1, 1949; the building took a year to build and cost \$1,583,000 (the 77,544 square feet building cost \$ 19.48 a square foot). The hospital's contractor was Palo Alto builder, Howard J. White, and the architects were Douglas Dacre Stone and Louis B. Mulloy. Charles E. Smith, Dean of the School of Public Health, University of California, was the principal speaker at the dedication¹. The building was open for public inspection after the ceremony. 600 people attended the ceremony. The Hospital began admitting patients on March 4, 1952². Harold Chope, San Mateo County Health Director, indicated at the opening that occupational therapy would play a large part in the treatment of patients. The private non-profit San Mateo County Tuberculosis and Health Association played an important role in encouraging the County to construct of the hospital.

San Mateo County had had 282 tuberculosis cases during the years 1949-1951. Located on the site of the old Canyon Sanatorium, the new hospital had a capacity of 116 patients. The facility was designed to provide County tuberculosis patients with "complete medical care," including X-ray and surgical facilities. All service facilities were located in the center section of the hospital. The two wings on the east and west were primarily patient rooms. Described as the most "modern in the state"³, Dr. James Greenwell, San Mateo County Health and Welfare Department, managed the operation of the hospital. The County Tuberculosis Hospital ran a deficit its first year because of the higher than expected number of tuberculosis patients (they expected an average of 90 rather than the 105 they received). The County had undertaken a more aggressive screening program with 30,000 residents x-rayed by mobile units⁴.

The Tuberculosis Hospital transitioned to a Mental Health facility – the Cordilleras Mental Health Center – in 1974, as a result of the success of various vaccine and drug therapies to treat tuberculosis. The Mental Health Center provided short and long term treatment and accommodations for mental health patients. An auditorium was built in the 1970s on the north side of the hospital for the patients living here. In 2001 a fire station and the Canyon Oaks Youth Crisis Center were built near the west side of the Mental Health Facility.

Architects Douglas Dacre Stone & Louis Mulloy⁵

Architect Douglas Dacre Stone was born in Yokohama, Japan in 1898. Architect Louis Mulloy was born in California in 1910. Both Stone and Mulloy studied architecture at the University of California, Berkeley. Stone began working as an architect with the firm Hyman & Appleton in 1924. Stone and Louis Mulloy became partners as the firm Stone & Mulloy in 1928. The firm Stone & Mulloy continued in business until 1951, when they became known as Stone, Mulloy and Marracini, then later as Stone, Marracini and Patterson. Louis Mulloy died in 1963 at the age of 56 and Douglas Stone died in 1971. Their firm specialized in hospital and medical building designs. They also designed several residences and fire stations. Most of their buildings were constructed in the late 1940s and the early 1950s, particularly on the San Francisco Peninsula, during the post-World War II construction boom. The firm designed the Bakersfield Memorial Hospital, Bakersfield; Children's Hospital of the East Bay; El Camino Hospital, Mountain View; Pacific Presbyterian Medical Center, San Francisco; Peninsula Blood Bank, Burlingame; Peninsula Hospital, Burlingame; Peralta Hospital, Oakland; Walter Reed Medical Center, Washington, D.C.; Sequoia Hospital, Redwood City; Sequoias Elderly Housing, San Francisco; Sharp Memorial Community Hospital, San Diego; Sutter Community Hospital, Sacramento; Letterman Army Medical Center, San Francisco Presidio; U.S. Public Health Hospital, San Francisco; and the Valley Medical Center, San Jose.

1. "State Leader to Dedicate TB Hospital Here," *San Mateo Times*, February 27, 1952, pg. 12.

2. "Many at TB Hospital Rites," *San Mateo Times*, March 3, 1952, pg. 11.

3. "Operation of New TB Hospital Set March 4," *San Mateo Times*, February 13, 1952, pg. 7.

4. "TB Hospital Now in 'Red'," *San Mateo Times*, December 17, 1952, pg. 18.

5. The following biographical information on Stone and Mulloy is from the Pacific Coast Architecture Database at digital.lib.washington.edu/architect/architects/562/ and /563/.

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Resource Name or #: San Mateo County Tuberculosis Hospital

Recorded by Ward Hill

Date: June 2014

☒ Continuation ☐ Update

Preliminary Evaluation

The former San Mateo County Tuberculosis Hospital retains historic integrity from its original construction in 1949. The only major alteration is the addition of a relatively small auditorium at the center of the rear façade. The exterior is otherwise unaltered. The interior floor plan is also intact. It is recommended that a historic context on hospital design during the 1940s and 1950s – which changed radically during the post World War II years for a variety of reasons – should be prepared in order to evaluate the potential significance of the former San Mateo County Tuberculosis Hospital. The architectural team of Stone and Mulloy designed many major hospitals in the Bay Area in the Post World War II years and were known for their hospital designs, a specialized area of architectural practices with many features unique to it as a building type. The historic context would provide the necessary background to evaluate the architectural team and building with respect to CRHR criteria 1, 2, and 3⁶.

P5. Photos



Hospital entrance lobby – view to the northwest

6. *National Register Bulletin 15* (<http://www.nps.gov/nr/publications/bulletins/nrb15/>) describes the methodology for using historic contexts in the evaluation of historic resources. According to *Bulletin 15*, the significance of a historic property can be judged and explained only when it is evaluated within its historic context. Historic contexts are those patterns or trends in history by which a specific occurrence, property, or site is understood and its meaning (and ultimately its significance) within history or prehistory is made clear. The core premise is that resources, properties, or happenings in history do not occur in a vacuum but rather are part of larger trends or patterns.

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Resource Name or #: San Mateo County Tuberculosis Hospital

Recorded by Ward Hill

Date: June 2014

☒ Continuation ☐ Update

P5. Photos



Main block, east façade – view to the west



Third floor roof deck – view to the northeast

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Resource Name or #: San Mateo County Tuberculosis Hospital

Recorded by Ward Hill

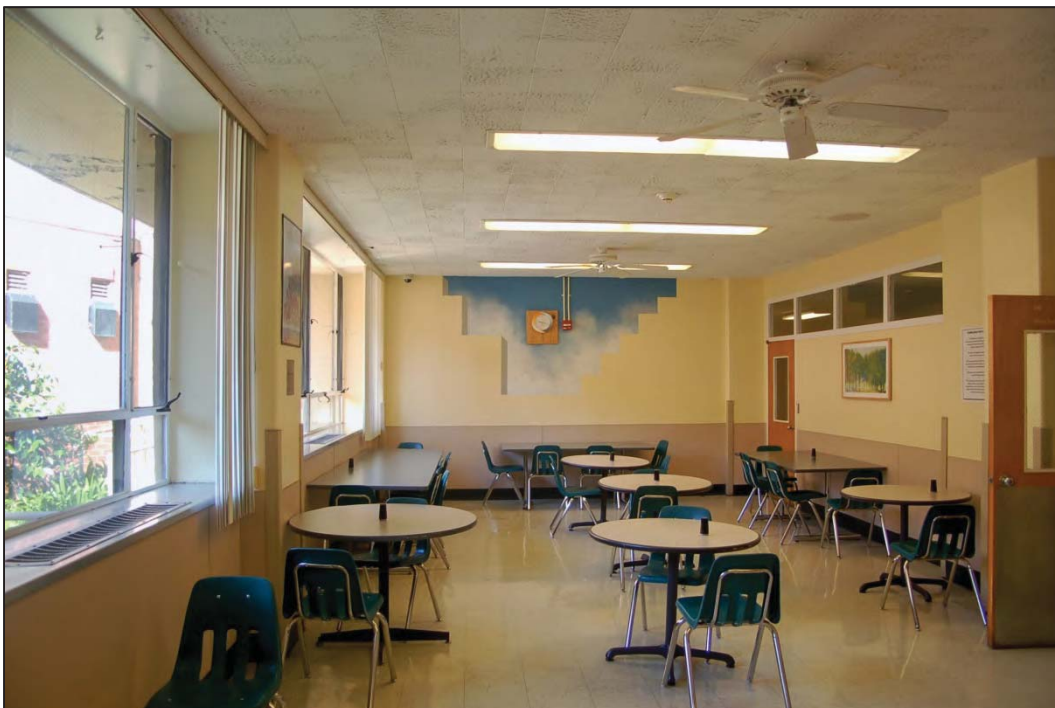
Date: June 2014

☒ Continuation ☐ Update

P5. Photos



First floor entrance lobby



First floor dining room

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Resource Name or #: San Mateo County Tuberculosis Hospital

Recorded by Ward Hill

Date: June 2014

☒ Continuation ☐ Update

P5. Photos



Second floor corridor lined with doors to patient rooms



Aerial view

